

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601126

FILED
Mar 15, 2011
Secretary of State

Entity Name: ATLANTIC COAST PEDIATRICS, M.D., P.A.

Current Principal Place of Business:

270 NORTH COURTENAY PKWY
UNIT 108
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

270 NORTH SYKES CREEK PKWY
UNIT 108
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

PO BOX 541216
MERRITT ISLAND, FL 329541216 US

New Mailing Address:

FEI Number: 59-1263689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, LUIS A
270 N. COURTENAY PKWY
UNIT 108
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

GONZALEZ, LUIS A
270 N. SYKES CREEK PKWY
UNIT 108
MERRITT ISLAND, FL 32953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GONZALEZ, LUIS A
Address: 270 N. SYKES CREEK PWKY UNIT 108
City-St-Zip: MERRITT ISLAND, FL 32953

Title: STVP
Name: COSGROVE, LISA A
Address: 270 N. SYKES CREEK PKWYP UNIT 108
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUIS A GONZALEZ

P

03/15/2011

Electronic Signature of Signing Officer or Director

Date